

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05131

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH COUNTY Queen Anne			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Chestertown (rural)			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown		
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.			STREET ADDRESS Rural		
3. NAME OF DECEASED (Type or Print) John			4. DATE OF DEATH May 30, 1951		
(First) John		(Middle) F.		(Last) Bisbee	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH Jan 31, 1865	9. AGE last birthday 86	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASSOC. Manager of an Insurance Co.			11. BIRTHPLACE (State or foreign country) Brooklyn, N. Y.		
13. FATHER'S NAME John F. Bisbee			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DEGRADED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT AND ADDRESS Mrs. Louise Bisbee Chestertown, Md. R.F.D.	

18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
522X Immediate cause (a) Hypostatic bronch pneumonia					
Antecedent cause(s) 5 days					
107 Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5-1, 1951, to 5-31, 1951, that I last saw the deceased alive on 5-31, 1951, and that death occurred at 12:00 a.m. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)		DATE June 2, 1951		NAME OF CEMETERY OR CREMATORIAL Fairview Cem.		LOCATION (City, town, or county) Sussex - Sussex Co. N.J. (State)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Edgar L. Lane		24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md.		ADDRESS	

RECEIVED
JUN 11 1968
BUREAU U.S.
FBI

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05132

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH COUNTY <i>Queen Anne's</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland Queen Anne's</i>			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Rural Centreville</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Rural Centreville</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <i>near Centreville</i>			
3. NAME OF DECEASED (Type or Print)	(First) <i>JAMES</i>	(Middle) <i>EDWARD</i>	(Last) <i>CURTIS</i>		
4. DATE OF DEATH <i>May 5</i>	(Month) <i>May</i>	(Day) <i>5</i>	(Year) <i>1951</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Domestic</i>	8. DATE OF BIRTH <i>Do not know</i>		
9. AGE last birthday <i>about 70 yrs.</i>	10. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <i>Butler</i>	11. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>	12. BIRTHPLACE (State or foreign country) <i>England</i>		
13. FATHER'S NAME <i>Do not know</i>	14. MOTHER'S MAIDEN NAME <i>Do not know</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>260X</i>			
16. SOCIAL SECURITY NO. <i>087-10-0922</i>		17. INFORMANT AND ADDRESS <i>William Fahey Jr. Centreville Md</i>	18. MEDICAL CERTIFICATION <i>Coronary Decease is Diabetic & Hypertension</i>		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) _____ Antecedent cause(s) (b) _____ Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____ 61					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
OF INJURY	m.				
22. I hereby certify that I attended the deceased from _____, 19 _____, to _____, 19 _____, that I last saw the deceased alive on <i>May 5</i> , 1951, and that death occurred at <i>6 P.m.</i> , from the causes and on the date stated above. SIGNATURE <i>H. Wethers</i> (Degree or title) <i>M.D.</i> ADDRESS <i>Centreville</i> DATE SIGNED <i>5-5-51</i>					
23. BURIAL, CREMATION REMOVAL (Specify) <i>Cremation</i>	DATE THEREOF <i>May 7-51</i>	NAME OF CEMETERY OR CREMATORIAL <i>Silver Beach</i>	LOCATION (City, town, or county) (State) <i>Delaware</i>		
DATE REC'D BY LOCAL REG. <i>5-6-51</i>	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS <i>Barton Bros, Centreville Md</i>			

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05133

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH COUNTY Queen Anne's		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rural Stevensville		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Stevensville			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) Love Point			
3. NAME OF DECEASED (Type or Print)	(First) HETTIE	(Middle) V.	(Last) FISHER		
4. DATE OF DEATH	May 16	(Month)	(Day)		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH		
Female	White		Sept 19-1889		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY		
Housewife	At Home	Stevensville Maryland	U.S.A.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
James Callies	Annie Mansfield				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS			
	None	James Salem N.J. P.D.#2			
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<p>Immediate cause (a) chronic nephritis arteriosclerosis</p> <p>Antecedent cause(s) (b) arteriosclerosis (glacial + cerebral)</p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) cerebral hemorrhage</p>					
146X 131a					
about 6 years 1945 02. 1950					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Melancholia (due to accidental drowning of only son, 1950)					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY		TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work m. Not While At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 14, 1944, to May 16, 1951, that I last saw the deceased alive on May 15, 1951, and that death occurred at 2:25 A.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED Theodor Dattelmaier, M.D. - Stevensville May 17, 1951					
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 19-51	NAME OF CEMETERY OR CREMATORIUM Chesterfield	LOCATION (City, town, or county) (State) Odenton Maryland		
DATE REC'D BY LOCAL REG. May 19-51	REGISTRAR'S SIGNATURE Elizabeth Foster	24. FUNERAL DIRECTOR	ADDRESS Burton Bros Centreville Md		

RECEIVED
BUREAU A.S.

MAY 24 1951

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05134

Reg. Dist. No. 252

1. PLACE OF DEATH COUNTY <u>Queen Anne</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>Queen Anne</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>near Centreville</u>		LENGTH OF STAY (to this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Centreville R.R.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)		(First) <u>Chas.</u>	(Middle) <u>Henry</u>	(Last) <u>Foster</u>	4. DATE OF DEATH <u>May 16</u> (Month) <u>May</u> (Day) <u>16</u> (Year) <u>1954</u>
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Greensboro Md.</u>	
13. FATHER'S NAME <u>Wm D. Foster</u>		14. MOTHER'S MAIDEN NAME <u>Clough</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>218-30-1011</u>		17. INFORMANT AND ADDRESS <u>Paul Foster, Son</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a) Coronary Occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b) Arterio-Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>		(CITY OR TOWN) <u>Centreville</u>	(COUNTY) <u>Queen Anne</u>	(STATE) <u>Md.</u>
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		
OF INJURY	m.			HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

W. Henry Foster, M.D.

(Degree or title)

ADDRESS

Centreville Md.

DATE SIGNED

5/16/51

22. BURIAL/CREMATION REMOVAL (Specify)		DATE THEREOF <u>May 18</u>	NAME OF CEMETERY OR CREMATORIAL <u>Chestertield</u>	LOCATION (City, town, or county) <u>Centreville</u>	(State) <u>Md.</u>
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DATE REC'D BY LOCAL REG. <u>5-18-51</u>	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
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REG. <u>5-18-51</u>	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
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REG. <u>5-18-51</u>	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
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BUREAU V. S.

MAY 31 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05135

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH- CITY OR TOWN		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- CITY OR TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN									
Queene Anne		Rural Barclay		Maryland		Queene Anne									
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS		(If rural give location)									
3. NAME OF DECEASED (Type or Print)		(First) (Middle) (Last)		4. DATE OF DEATH		(Month)	(Day)	(Year)							
Female		Eleanor		Grayson		May	22	1951							
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH		9. AGE last birthday		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? USA	
Female		Colored		Widowed		May 1, 1889		62 yrs.		Home		Maryland			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? USA									
Housewife		Home		Maryland		Unknown									
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH			
Pinder		Unknown						Viola Powell, Barclay, Maryland							

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION					
Immediate cause (a) <i>Cardiac Decompensation</i>		INTERVAL BETWEEN ONSET AND DEATH					
Antecedent cause(s) (b) <i>Coronary Arterial Disease</i>							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>95c</i>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
—		—		Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
OF INJURY		m.					
22. I hereby certify that I attended the deceased from <i>5/17/51</i> to <i>5/22/51</i> , that I last saw the deceased alive on <i>5/20/51</i> , 19, and that death occurred at <i>11 A.M.</i> from the causes and on the date stated above.				ADDRESS DATE SIGNED			
SIGNATURE <i>H.H. Hamilton</i>		ADDRESS <i>M.D. Wellington, Md</i>		<i>5/23/51</i>			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE <i>May 26</i>		NAME OF CEMETERY OR CREMATORIAL Barclay		LOCATION (City, town, or county) (State) Barclay, Maryland	
DATE REC'D BY LOCAL REG. <i>May 25</i>		REGISTRAR'S SIGNATURE <i>Edgar L. Lane</i>		24. FUNERAL DIRECTOR Edgar L. Lane		ADDRESS Church Hill, Md.	

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05136

Reg. Dist. No. 251

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY <i>Queen Anne</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>MARYLAND</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>Barclay</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Barclay</i>	
LENGTH OF STAY (in this place)		STREET ADDRESS <i>(If rural, give location)</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)	(First) <i>MARTHA</i>	(Middle)	(Last) <i>HARRISON</i>
4. DATE OF DEATH <i>MAY 17</i>	(Month)	(Day)	(Year) <i>1951</i>
5. SEX <i>Fem</i>	6. COLOR OR RACE <i>COLORED</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>UNKNOWN - ABOUT 62</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	9. AGE last birthday If under 1 year Months <i>62</i> yrs. Days <i>0</i> Hours <i>0</i> Min. <i>0</i>
13. FATHER'S NAME <i>James Tolson</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Leiby Benson</i>	
17. INFORMANT AND ADDRESS <i>Anna Brown - Barclay</i>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <i>Hypertensive Heart Disease</i>			
Antecedent cause(s) (b) <i>Generalized Arteriosclerosis</i>			
Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) <i>None</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>			
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>None</i>	
21. ACCIDENT SUICIDE HOMICIDE <i>None</i>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>None</i>	
TIME (Month) (Day) (Year) (Hour) <i>None</i>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
OF INJURY <i>None</i>		HOW DID INJURY OCCUR? <i>None</i>	
22. I hereby certify that I attended the deceased from <i>5/9/51</i> , 19, to <i>5/17/51</i> , 19, that I last saw the deceased alive on <i>5/15/51</i> , 19, and that death occurred at <i>11:15</i> A.m., from the causes and on the date stated above.			
SIGNATURE <i>H.H. Hamilton M.D.</i>		ADDRESS <i>Baltimore Md.</i>	
23. BURIAL/CREMATION REMOVAL (Specify) <i>None</i>		DATE THEREOF <i>May 20</i>	
DATE REC'D BY LOCAL REG. <i>May 20</i>		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) <i>None</i>	
REG. <i>Edgar L. Lare</i>		24. FUNERAL DIRECTOR <i>Edgar L. Lare</i>	
REG. <i>Edgar L. Lare</i>		ADDRESS <i>Edgar L. Lare Church Hieb</i>	

RECEIVED
JUN 11 1951

BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05137

Reg. Dist. No.

254

1. PLACE OF DEATH COUNTY <i>Queen Anne's</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland Queen Anne's</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>Rural Queenstown</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Rural Queenstown</i>	
LENGTH OF STAY (in this place) <i>28 yrs</i>		STREET (If rural, give location) ADDRESS <i>Below Bayantown</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		4. DATE OF DEATH <i>May 18 1951</i>	
3. NAME OF DECEASED (Type or Print) <i>HERMAN</i>		5. SEX <i>Male</i>	
6. COLOR OR RACE <i>white</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Inspector of Customs</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>U.S. Treasury Dept</i>	
11. BIRTHPLACE (State or foreign country) <i>Kentucky</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Conrad Kehm</i>		14. MOTHER'S MAIDEN NAME <i>Do not know</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT AND ADDRESS <i>Mr Edna L Kehm, Queenstown Md</i>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <i>auricular fibrillation</i>			
443X Antecedent cause(s) (b) <i>chronic hypertension cardio-vascular disease several years</i>			
93d Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>with decompensation chronic congestive bronchitis</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerosis general + coronary several years</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/> HOW DID INJURY OCCUR? <i>it's</i>	
22. I hereby certify that I attended the deceased from <i>May 17, 1951</i> , to <i>May 18, 1951</i> , that I last saw the deceased alive on <i>May 17, 1951</i> , and that death occurred at <i>10 A.m.</i> from the causes and on the date stated above.		SIGNATURE <i>Theodor Gattelmaier M.D.</i> ADDRESS <i>Stevensville</i> DATE SIGNED <i>May 19, 1951.</i>	
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>May 21-51</i> NAME OF CEMETERY OR CREMATORIUM <i>Chestertown</i> LOCATION (City, town, or county) <i>Chestertown Maryland</i> (State)	
DATE REC'D BY LOCAL REG. <i>May 21-1951</i>		REG. <i>Helen M. Adridge</i> 24. FUNERAL DIRECTOR ADDRESS <i>Barton Bros. Chestertown Maryland</i>	

RECEIVED

JUN 6 1951

BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05138

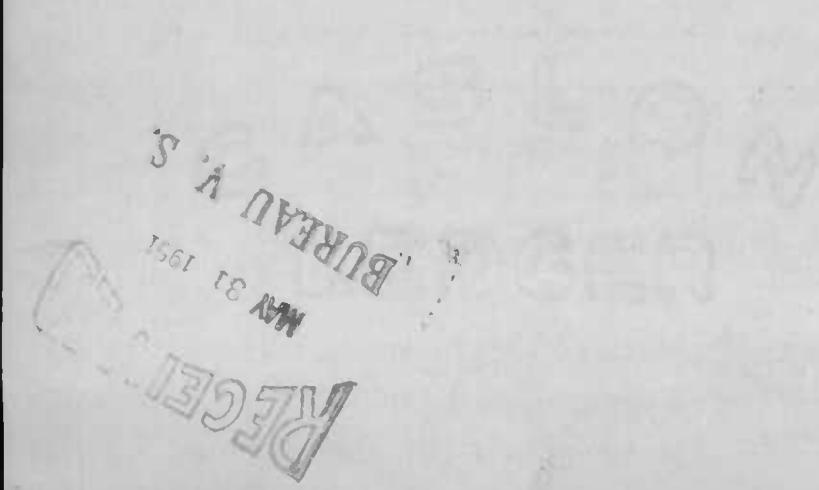
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 252

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>TOWN</u> <u>Rural - Centreville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>near Centreville (Rural)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <u>Broadmeadow</u>	
3. NAME OF DECEASED (Type or Print) <u>Herbert Albert Lewis</u>		4. DATE OF DEATH <u>May 23-1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Feb 25-1910</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY <u>A.S.A.</u>	
13. FATHER'S NAME <u>Archibald Lewis</u>		14. MOTHER'S MAIDEN NAME <u>Terese Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>666-07-5421</u>	
17. INFORMANT AND ADDRESS <u>Mattie Lewis - wife</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 971.8 Immediate cause (a) <u>Suicide - ate a tube of rat poison</u> Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>1638</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u> (CITY OR TOWN) <u>Centreville</u> (COUNTY) <u>Md.</u> (STATE) <u>Md.</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>May 17-1951-5 P.M.</u>		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input checked="" type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> SIGNATURE <u>W. Henry Fisher</u> (Degree or title) <u>Deputy Med. Exam. for D.A.C. Co. Md.</u> ADDRESS <u>Centreville Md.</u> DATE SIGNED <u>May 25-51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>May 27-51</u> NAME OF CEMETERY OR CREMATORIAL <u>Chesterfield</u> LOCATION (City, town, or county) <u>Centreville Maryland</u> (State) <u>Md.</u>	
DATE REC'D BY LOCAL REG. <u>May 26-1951</u>		24. FUNERAL DIRECTOR ADDRESS <u>Elmer Armstrong Weston Bus. Centreville Md.</u>	
REG. <u>7</u> 1754000			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BUREAU U.S.
MAY 31, 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05139

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH COUNTY Queen Anne		MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN rural Chestertown		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS rural Chestertown (If rural, give location)	
3. NAME OF DECEASED (Type or Print) James		(First) James	(Middle) Edward	(Last) Reese	4. DATE OF DEATH May 27 1951
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH May 27, 1951	9. AGE last birthday If under 1 year yrs. Months Days Hours Mins.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME James Edward Reese		14. MOTHER'S MAIDEN NAME Hattie May Green	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 159		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS Hattie May Reese, Chestertown, Md.	
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 776X Immediate cause (a) Prematurity 159 Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c) Maternal syphilis (treatment completed about 2 weeks ago)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>		
21. ACCIDENT SUICIDE HOMICIDE TIME OF INJURY	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY m. While at Work <input type="checkbox"/> At work <input type="checkbox"/>		(CITY OR TOWN) (COUNTY) (STATE)		
22. I hereby certify that I attended the deceased from 5/27, 1951, to 5/27, 1951, that I last saw the deceased alive on 5/27, 1951, and that death occurred at 2 p.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED Robert W. Barr M.D. Chestertown, Md. 5/28/51					
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 28, 1951	NAME OF CEMETERY OR CREMATORIAL Rich Neck	LOCATION (City, town, or county) (State) rural Chestertown, Md.		
DATE REC'D BY LOCAL REG. May 28, 1951	REG. EDGAR L. LANE	24. FUNERAL DIRECTOR Edgar L. Lane, Church Hill, Md.	ADDRESS		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU U. S.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05140

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH COUNTY <i>Stevensville</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i> COUNTY <i>Stevensville</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Stevensville (Rural)</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Stevensville (Rural)</i>	
LENGTH OF STAY (in this place) <i>72 years</i>		STREET ADDRESS (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) <i>Charles</i>		4. DATE (Month) (Day) (Year) OF DEATH <i>May 7 1951</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Col.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>farm work</i>		8. DATE OF BIRTH <i>Nov. 6. 1878</i>	
11. BIRTHPLACE (State or foreign country) <i>Stevensville</i>		9. AGE last birthday 72 yrs.	
13. FATHER'S NAME <i>Benjamin Ringgold</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <i>William D. Ringgold Stevensville</i>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>446X Immediate cause (a) <i>chronic nephritis + arteriosclerosis</i></p> <p>131a Antecedent cause(s) (b) <i>Arteriosclerosis (general + cerebral)</i></p> <p>Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last</p> <p>(c) <i>malignant hypertension</i></p>			
<p>131a <i>arteriosclerosis</i></p> <p>(c) <i>malignant hypertension</i></p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Arteric degeneration</i>	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE		(Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR?	
m.			
22. I hereby certify that I attended the deceased from <i>March 22, 1951</i> , to <i>May 7, 1951</i> , that I last saw the deceased			
alive on <i>May 5</i> , 1951, and that death occurred at <i>11 P.M.</i> m., from the causes and on the date stated above.		ADDRESS <i>Stevensville</i> DATE SIGNED <i>May 8, 1951</i>	
SIGNATURE <i>Theodor Sattelmair, M.D.</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <i>May 11-51</i>		DATE THEREOF <i>May 11-51</i> NAME OF CEMETERY OR CREMATORIUM <i>Stevensville</i> LOCATION (City, town, or county) <i>Stevensville</i> (State) <i>MD</i>	
DATE REC'D BY LOCAL REG. <i>May 11, 1951</i>		REGISTRAR'S SIGNATURE <i>Elizabeth Foster</i> FUNERAL DIRECTOR <i>Samuel G. Henry, Cambridge</i> ADDRESS <i>820 705 2nd</i>	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05141

CERTIFICATE OF DEATH

Reg. Dist. No.

253

1. PLACE OF DEATH COUNTY Queen Anne's MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Queen Anne's		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN Stevensville (rural) (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville (Rural)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) Clive	(Middle) Clinton	(Last) Spence	
4. DATE OF DEATH	Month) May	(Day) 14	(Year) 1951.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	
Male	col.	MAY 11, 1951.	9. AGE last birthday yrs. 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
John Frank	Spence	Stevensville Md.	U.S.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
John Frank	Mary Elizabeth Hicks			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS		
1572		John Frank Spence Stevensville		
18. MEDICAL CERTIFICATION				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
Immediate cause 754.4 (a) Congenital malformation of				
Antecedent cause(s) (b) heart				
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1572 (c) Congenital debility (4lb 12 oz at full term.)				
Polydactyly				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	INTERVAL BETWEEN ONSET AND DEATH		
20. AUTOPSY?				
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While Work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
m.		At work <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from May 11, 1951, to May 14, 1951; that I last saw the deceased alive on May 14, 1951, and that death occurred at 8 a.m., from the causes and on the date stated above. SIGNATURE Theodor J. Strelakowski M.D. ADDRESS Stevensville DATE SIGNED May 14, 1951.				
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
Burial	May 15, 1951	Baths Neck Cemetery	Stevensville	Ridge
DATE REC'D BY LOCAL REG.	REGISTRAH'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
May 15, 1951	Elizabeth Hostetler	Cornelia David	Stevensville	
10511323403				

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05142

Reg. Dist. No.

252

1. PLACE OF DEATH COUNTY <i>Queen Anne's</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland Queen Anne's</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Centreville</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Centreville</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <i>WILLIAM</i>	(Middle) <i>BENJAMIN</i>	(Last) <i>TEAT</i>
4. DATE OF DEATH	(Month) <i>May</i>	(Day) <i>22</i>	(Year) <i>1951</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Nov. 5-1862</i>
9. AGE last birthday 88 yrs.	10. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <i>Waterman</i>	11. INDUSTRY <i>Fishing etc</i>	12. COUNTRY OF WHAT COUNTRY <i>USA</i>
13. FATHER'S NAME <i>John Teat</i>	14. MOTHER'S MAIDEN NAME <i>Elizabeth Clough</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT AND ADDRESS <i>Mr. Denney Frampton, Centreville Md</i>	
18. MEDICAL CERTIFICATION <i>Chronic Venous disease of the Arteries</i>			
19. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) _____ 4214 Antecedent cause(s) (b) _____ 92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 92d (c) _____			
20. INTERVAL BETWEEN ONSET AND DEATH <i>many</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE	(Specify) INJURY	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? Not While <input type="checkbox"/>	(COUNTY)
(STATE)			
22. I hereby certify that I attended the deceased from 1-1, 1948, to 5/22/51, 1951, that I last saw the deceased alive on 5-2-51, 1951, and that death occurred at 9 ¹ / ₂ m., from the causes and on the date stated above. SIGNATURE <i>H. H. Armstrong</i> ADDRESS DATE SIGNED <i>Centreville</i> 5/14/51			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>May 25-51</i>	NAME OF CEMETERY OR CREMATORIAL <i>Chestnfield</i>	LOCATION (City, town, or county) (State) <i>Centreville Maryland</i>
DATE REC'D BY LOCAL REG. <i>5-25-51</i>	REGISTRATION'S SIGNATURE <i>Eliza Armstrong</i>	24. FUNERAL DIRECTOR ADDRESS <i>Burton Bros Centreville Maryland</i>	

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